

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**100593202**  
APPLICANT(S)

FILING DATE

CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51	/		/			
2		/					52		/		/		
3		/					53		/		/		
4		/		/			54		/		/		
5		/		/			55	/		/			
6		/		/			56		/		/		
7		/		/			57	/					
8		/		/			58		/				
9		/		/			59		/				
10		/		/			60		/				
11		/		/			61		/				
12		/		/			62		/				
13		/		/			63		/				
14		/		/			64		/				
15	/		/				65	/					
16		/		/			66		/				
17		/		/			67		/				
18		/		/			68		/				
19	/		/				69		/				
20		/		/			70		/				
21		/		/			71		/				
22		/		/			72		/				
23		/		/			73		/				
24		/		/			74		/				
25		/		/			75		/				
26		/		/			76	/					
27		/		/			77						
28		/		/			78						
29	/		/				79						
30		/		/			80						
31		/		/			81						
32		/		/			82						
33		/		/			83						
34		/		/			84						
35		/		/			85						
36		/		/			86						
37		/		/			87						
38		/		/			88						
39		/		/			89						
40		/		/			90						
41		/		/			91						
42	/			/			92						
43	/			/			93						
44		/		/			94						
45	/			/			95						
46		/		/			96						
47		/		/			97						
48		/		/			98						
49	/			/			99						
50	/		/				100						
TOTAL IND.	14	↓	8	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	62	←	32	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	76		40				TOTAL CLAIMS						